

Check A Box
Patented Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		5				
7		5				
8		5				
9		5				
10		5				
11	1					
12						
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14						
15						
16		5				
17		5				
18		5				
19		5				
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21			1			
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31			1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						